



FEE TRANSMITTAL for FY 2003		Complete if Known	
Effective 01/01/2003, Patent fees are subject to annual revision.		Application Number	09/918,073
Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 30, 2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Isamu NAKATOU
1,098.00		Examiner Name	Frankie L. Stinson
		Art Unit	1746
		Attorney Docket No.	199372003400
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number 03-1952		Fee Code Fee (\$)	
Deposit Account Name Morrison & Foerster LLP		Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 11 -20 = 0 x Fee from below = 0			
Independent Claims 5 -3 = 2 x 84 = 168.00			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		168.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Mehran Arjomand		Registration No. (Attorney/Agent)	48,231
Signature		Telephone	(213) 892-5630
		Date	September 25, 2003

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9-26-03

PTO/SB/21 (08-03)

Approved for through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(used for all correspondence after initial filing)

Application Number	09/918,073
Filing Date	July 30, 2001
First Named Inventor	Isamu NAKATOU
Art Unit	1746
Examiner Name	Frankie L. Stinson
Attorney Docket Number	199372003400
Total Number of Pages in This Submission	1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mehran Arjomand - 48,231 MORRISON & FOERSTER LLP 555 West Fifth Street, Los Angeles, CA 90013
Signature	
Date	September 25, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL989011094US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 25, 2003

Signature: (Marco Jimenez)

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